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<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Indemnity Insurance Company of North America
<b>TOI/Sub-TOI:</b>	05.0 CMP Liability and Non-Liability/05.0003 Commercial Package		
<b>Product Name:</b>	Commercial Multi Peril		
<b>Project Name/Number:</b>	Victor O. Schinnerer & Company Cyber Protection Package/16-PR-2013713-F		

## Filing at a Glance

Company:	Indemnity Insurance Company of North America
Product Name:	Commercial Multi Peril
State:	District of Columbia
TOI:	05.0 CMP Liability and Non-Liability
Sub-TOI:	05.0003 Commercial Package
Filing Type:	Form
Date Submitted:	11/09/2016
SERFF Tr Num:	ACEH-130800429
SERFF Status:	Assigned
State Tr Num:	
State Status:	
Co Tr Num:	16-PR-2013713
Effective Date	On Approval
Requested (New):	
Effective Date	On Approval
Requested (Renewal):	
Author(s):	Debra Rodgers, Jane Gutman, Gail Swanson
Reviewer(s):	Angela King (primary)
Disposition Date:	
Disposition Status:	
Effective Date (New):	
Effective Date (Renewal):	

**State:** District of Columbia **Filing Company:** Indemnity Insurance Company of North America  
**TOI/Sub-TOI:** 05.0 CMP Liability and Non-Liability/05.0003 Commercial Package  
**Product Name:** Commercial Multi Peril  
**Project Name/Number:** Victor O. Schinnerer & Company Cyber Protection Package/16-PR-2013713-F

## General Information

Project Name: Victor O. Schinnerer & Company Cyber Protection Package

Status of Filing in Domicile: Pending

Project Number: 16-PR-2013713-F

Domicile Status Comments: Pennsylvania is pending approval.

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 11/10/2016

State Status Changed:

Deemer Date:

Created By: Debra Rodgers

Submitted By: Debra Rodgers

Corresponding Filing Tracking Number:

Filing Description:

We are filing 2 new endorsements for use on our Victor O. Schinnerer & Company Cyber Protection Package. A forms list is attached to this filing which provides a description of each proposed form and indicates whether they broaden, restrict or clarify coverage.

There is no premium impact associated with these endorsements as rating is in accordance with our previously filed and approved Rating Plan. In addition, all previously approved state required endorsements and state exception pages will continue to be utilized.

We wish to implement these changes upon your approval.

## Company and Contact

### Filing Contact Information

Jane Gutman, Unit Manager  
202 Hall's Mill Road  
Whitehouse Station, NJ 08889-1650

jgutman@chubb.com  
908-572-4422 [Phone]  
908-572-4820 [FAX]

### Filing Company Information

Indemnity Insurance Company of North America  
PO Box 1000  
436 Walnut Street  
Philadelphia, PA 19106  
(215) 640-1811 ext. [Phone]

CoCode: 43575  
Group Code: 626  
Group Name: Chubb  
FEIN Number: 06-1016108

State of Domicile: Pennsylvania  
Company Type: stock  
State ID Number:

## Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Indemnity Insurance Company of North America
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## Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Digital Property Replacement Sublimit	PF-47902	(09/16)	END	New		0.000	PF 47902 Digital Property Replacement Sub Limit Endorsement.pdf
2		Cyber Extortion Costs Sublimit	PF-47903	(09/16)	END	New		0.000	PF-47903 Cyber Extortion Costs Sub Limit Endorsement.pdf

### Form Type Legend:

<b>ABE</b>	Application/Binder/Enrollment	<b>ADV</b>	Advertising
<b>BND</b>	Bond	<b>CER</b>	Certificate
<b>CNR</b>	Canc/NonRen Notice	<b>DEC</b>	Declarations/Schedule
<b>DSC</b>	Disclosure/Notice	<b>END</b>	Endorsement/Amendment/Conditions
<b>ERS</b>	Election/Rejection/Supplemental Applications	<b>OTH</b>	Other

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period <b>to</b>	Effective Date of Endorsement
Issued By (Name of Insurance Company)			

**Digital Property Replacement Sublimit Endorsement**

**This endorsement modifies insurance provided under the following:**

**Victor O. Schinnerer & Company Cyber Protection Package**

It is agreed that the **Policy** is amended as follows:

1. The Declarations is amended by adding the following:

Item 5, Sublimit of Liability for **Digital Property Replacement**

\$XXX.XXX **Digital Property Replacement**

\$XXX.XXX Maximum **Policy** Aggregate Limit of Liability for **Digital Property Replacement**

2. Section V, Limits of Liability, is amended to add the following:

Solely with regard to that portion of any **Claim** alleging, based upon, arising out of or attributable to **Digital Property Replacement**, **Our** maximum aggregate limit of liability for all **Digital Property Replacement**, shall be \_\_\_\_\_, each **Claim** and per **Policy Period** in the aggregate. This sublimit of liability shall be part of and not in addition to the Limits of Liability otherwise stated in the Declarations, and will in no way serve to increase such limits;

All other terms and conditions of this **Policy** remain unchanged.

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Authorized Representative

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period <b>to</b>	Effective Date of Endorsement
Issued By (Name of Insurance Company)			

**Cyber Extortion Costs Sublimit Endorsement**

**This endorsement modifies insurance provided under the following:**

**Victor O. Schinnerer & Company Cyber Protection Package**

It is agreed that the **Policy** is amended as follows:

1. The Declarations is amended by adding the following:

Item 5, Sublimit of Liability for **Cyber Extortion Costs**

\$XXX.XXX **Cyber Extortion Costs**

\$XXX.XXX Maximum **Policy** Aggregate Limit of Liability for **Cyber Extortion Costs**

2. Section V, Limits of Liability, is amended to add the following:

Solely with regard to that portion of any **Claim** alleging, based upon, arising out of or attributable to **Cyber Extortion Costs**, **Our** maximum aggregate limit of liability for all **Cyber Extortion Costs**, shall be \_\_\_\_\_, each **Claim** and per **Policy Period** in the aggregate. This sublimit of liability shall be part of and not in addition to the Limits of Liability otherwise stated in the Declarations, and will in no way serve to increase such limits;

All other terms and conditions of this **Policy** remain unchanged.

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Authorized Representative

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Indemnity Insurance Company of North America
<b>TOI/Sub-TOI:</b>	05.0 CMP Liability and Non-Liability/05.0003 Commercial Package		
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## Supporting Document Schedules

<b>Bypassed - Item:</b>	Readability Certificate
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Consulting Authorization
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Copy of Trust Agreement
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Expedited SERFF Filing Transmittal Form
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Explanatory Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	Explanatory Memorandum.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Forms List
<b>Comments:</b>	
<b>Attachment(s):</b>	Forms List_ VOSCO Sublimit Edorsements_0916.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>SERFF Tracking #:</b>	ACEH-130800429	<b>State Tracking #:</b>	<b>Company Tracking #:</b>	16-PR-2013713
<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Indemnity Insurance Company of North America	
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**Indemnity Insurance Company of North America**

**Form Filing Memorandum**

**Victor O. Schinnerer & Company Cyber Protection Package**

We are filing two new endorsements for use on our Victor O. Schinnerer & Company Cyber Protection Package. A forms list is attached to this filing which provides a description of each proposed form and indicates whether they broaden, restrict or clarify coverage.

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We wish to implement these changes upon your approval



Form Number / Edition Date	New / Replaced Form Number	Form Title	Form Type (Policy, Form, Dec Page, Endorsement)	Mandatory or Optional	Coverage Section Modified	Broaden, Restrict or Clarify	Rate Impact (Y/N)	Rate Impact %	Usage Rules (e.g. Provides/excludes coverage for...
PF-47902(09/16)	New	Digital Property Replacement Sublimit	Endorsement	Optional	Declarations Item 5	Clarify	N	0%	Clarifies limits for Digital Property Replacement.
PF-47903 (09/16)	New	Cyber Extortion Costs Sublimit	Endorsement	Optional	Declarations Item 5	Clarify	N	0%	Clarifies limits for Cyber Extortion Costs